

## Washington State Behavioral Health Workforce

### *Policy Recommendations – Straw Proposals*

#### Topic III: Competency-Based Training

##### **Proposal 3.1: Support development of a registered apprenticeship model for behavioral health professions.**

- **Policy Action:** Continue to work with SEIU 1199NW Training Fund, SEIU 1199NW, and Behavioral Health Institute (BHI) to develop and implement behavioral health registered apprenticeship models, with legislative support.
- **Rationale:** Registered apprenticeships promote an “earn-while-you-learn” model, which reduces direct costs and student loan debt risk to workers, and may reduce cost barriers to education required for a career in behavioral health. These features promote increased access to behavioral health professional training for marginalized and under-represented groups, help improve diversity of the behavioral health workforce, and potentially increase availability of patient-provider background-concordant care.

##### **Proposal 3.2: Develop a workgroup to investigate competency-based behavioral health training in Washington.**

- **Policy Action:** Form a workgroup to investigate whether or not competency-based training could be used to replace the existing hours-based education/licensure requirements among behavioral health specific occupations, if this would be a more efficient use of resources, and what the alternative requirements would be. The workgroup should engage, or have expertise in, professional bodies and governance, as these organizations set competency requirements.
- **Rationale:** Rather than relying on a set number of hours to graduate or qualify for licensure, should supervision measure actual competency and clinical skills? Equity between different credentials might also be useful, including a focus on clarifying discrepancies between hourly requirements across behavioral health professions and understanding why such variation exists.
  - *Note:* A competency-based training model may have the potential to create a barrier to licensing reciprocity between states, if states cannot agree on the role and value of competency-based training in behavioral health.

##### **Proposal 3.3: Promote increase in acquisition of ongoing credentialed skill sets in behavioral health.**

- **Policy Action:** Develop credential add-ons for behavioral health workers.
- **Rationale:** Behavioral health workforce members would benefit from additional clinical training, and the professional recognition that stems from achieving an additional credential.
  - *Note:* the degree to which workforce members are directly indebted for this additional training would require ongoing scrutiny, given the already high debt-to-earnings ratio among many behavioral health occupations, and the possibility that credential add-ons could become de-facto job requirements and responsibilities without enhanced pay. Stakeholders expressed concern that, without employer/payer buy-in and enhanced payment for services rendered by those with credential add-ons, this idea would likely not improve access to behavioral health services, and may distract from other important objectives.

*Note: This section is currently light on recommendations – are there other ideas we can recommend? Is there some occupation that would naturally allow for competency-based training in the short-term? If so, should a pilot be recommended?*